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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/566,728			ing Date 02/2006	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	T	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	_	N/A		N/A		N/A	1 == (0)	l	N/A	1 == (0)	
┢	SEARCH FEE		N/A		N/A		N/A		ł	N/A		
$\overline{}$	(37 CFR 1.16(k), (i), (ii)	Ε	N/A		N/A		N/A		ł	N/A		
	(37 CFR 1.16(o), (p), (TAL CLAIMS	or (q))	minus 20 =		,		x \$ =		OR	x s =		
IND	CFR 1.16(i)) DEPENDENT CLAIM CFR 1.16(h))	s	minus 3 = *				x \$ =		-	x s =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	specificates of paper 50 (\$125 ional 50 s	gs exceed 100 in size fee due for each in thereof. See CFR 1.16(s).								
	MULTIPLE DEPEN	7 CFR 1.16(j))				1						
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.]	TOTAL		
	APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY OR			OTHER THAN SMALL ENTITY	
AMENDMENT	04/08/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
ğ	Total (37 CFR 1.16(i))	• 9	Minus	+ 20	= 0		x \$ =		OR	X \$52=	0	
볿	Independent (37 CFR 1.16(h))	• 6	Minus	 6	= 0	1	x \$ =		OR	X \$220=	0	
Ž	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
		(Column 1)		(Column 2)	(Column 3)							
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Z	Total (37 CFR 1,16(i))		Minus	**	=	1	x \$ =		OR	x \$ =		
AMENDMENT	Independent (37 CFR 1,16(h))		Minus	***	:	1	x \$ =		OR	x \$ =		
蕌	Application Size Fee (37 CFR 1.16(s))					ı			1			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					l			OR			
Γ						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
**	If the entry in column 1 is less than the entry in column 2, write 0" in column 3. I Legal Instrument Examiner: "If the "Highest Number Perviously Paid For I'M THIS SPACE is less than 3, enter "20". "If the "Highest Number Perviously Paid For I'M THIS SPACE is less than 3, enter "2". NICHELE PETERSON/ THE "Highest Number Perviously Paid For I'M INTIS SPACE is less than 5, enter "2".											

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in it is life (and by the USFTO to process) an application Confidentiality is operand by 38 US 6.2 22 and 37 CFR 1.4. 1 this collection is estimated to take 12 minutes to complete, encuding pathenapy, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.